

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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LOBBYIST REGISTRATION FORM (Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
FUJIMORI	MICHELLE	NALANI	(808) 527-8014
MAILING ADDRESS (Street)			FAX
924 BETHEL STREET			(808) 527-8088
(City)	(State)	(Zip Code)	
HONOLULU	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are	employed by a business entity which has been	retained to lobby)	TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip	Code)

PART II ORGANIZATION					
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE			
LEGAL AID SOCIETY	(808) 536-4302				
MAILING ADDRESS (Street)	FAX				
924 BETHEL STREET		(808) 527-8088			
(City)	(State)	(Zip Code)			
HONOLULU	HI	96813			
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE			
WAYNE KEAWE		(808) 527-8060			
MAILING ADDRESS (Street)		FAX			
924 BETHEL STREET		(808) 527-8088			
(City)	(State)	(Zip Code)			
HONOLULU	HI	96813			

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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
☐ Agriculture	Education	Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	☐ Tourism & Recreation		
Consumer Protection & Commerce	☐ Hawaiian Affairs	Labor & Employment	Transportation		
Culture, Arts, Historic Preservation	Health	Planning, Land & WaterUse Management	Other: (indicate below)		
Ecology, Energy Environmental Protection	Mousing	Public Safety & Corrections			
PART IV CERTIFICATION	ON OF LOBBYIST				
		ve is, to the best of my knowled	lge, correct and complete.		
m	n'		1/9/07		
(Signature of Lobbytet)		(Date)			
PART V AUTHORIZAT	ION TO LOBBY				
NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED			
CHARLES GREENFIE	LD	EXECUTIVE DIRECTOR			
NAME OF ORGANIZATION (if	applicable)		TELEPHONE		
LEGAL AID SOCIETY	OF HAWAII		(808) 527-8010		
MAILING ADDRESS (Street)	Management of the second of th		FAX		
924 BETHEL STREET			(808) 527-8088		
(City)	(State)		(Zip Code)		
HONOLULU	н	96813			
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.					
01/2\$/07					
(Signature of Authorizing Officer or Person Represented)		esented)	(Date)		

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